## City of Grapevine Medical Plan Benefit Designs 2011 - 2012 Plan Year

|  | Platinum           |                    | Gold                     |                    |                            |                 |                    |         |
|--|--------------------|--------------------|--------------------------|--------------------|----------------------------|-----------------|--------------------|---------|
| Coverage   | In Net             | Out of Net         | In Net                   | Out of Net         | Platinum                   | Monthly         | Bi-weekly          | Payroll |
| Individual Deductible  | \$2,500            | \$3,000            | \$1,750                  | \$2,250            |                            | Premiums        | Premuims           |         |
| Family Deductible  | \$5,000            | \$6,000            | \$3,500                  | \$4,500            | EE Only                    | \$0             | \$0                | Ded 82  |
| Co-Insurance %   | 80%                | 60%                | 80%                      | 60%                | EE + Child                 | \$33            | \$15.23            | Ded 83  |
| Out of Pocket (incl. Deductible)   |                    |                    |                          |                    | EE + Spouse                | \$37            | \$17.08            | Ded 83  |
| Single OOP   | \$3,500            | \$4,550            | \$2,750                  | \$3,800            | EE + Family                | \$60            | \$27.69            | Ded 83  |
| Family OOP   | \$7,000            | \$9,100            | \$5,500                  | \$7,600            |                            |                 |                    |         |
| Dr. Copay  | *see below         | *see below         | *see below               | *see below         |                            |                 |                    |         |
| HRA (Single)   | \$1,000<br>\$2,000 |                    | \$1,000                  |                    | Gold                       |                 |                    |         |
| HRA (Family)   | \$2,000            |                    | \$2,000                  |                    |                            |                 |                    |         |
| Threshold Deductible net OOP Individual Threshold  | \$1,500            | e2 000             | <b>Ф7</b> ЕО             | 64.050             | EE Only                    | \$0             | *                  | Ded 72  |
| Family Threshold   | \$3,000            | \$2,000<br>\$4,000 | \$750<br>\$1.500         | \$1,250            | EE + Child                 | \$67<br>\$7.4   | \$30.92            |         |
| Individual Net OOP   | \$2,500            | \$3,000            | \$1,500<br>\$1,750       | \$2,500<br>\$2,250 | EE + Spouse<br>EE + Family | \$74<br>\$120   | ,                  | Ded 73  |
| Family Net OOP   | \$5,000            | \$6,000            | \$3,500                  | \$4,500            | EE T Fairniy               | <b>Φ120</b>     | \$55.38            | Dea 73  |
| . ay 110: 001  | 40,000             | Ψ0,000             | ψ5,566                   | Ψ4,500             |                            |                 |                    |         |
|  |                    |                    |                          |                    |                            |                 |                    |         |
|  | HSA Seed Money     |                    |                          |                    |                            |                 |                    |         |
|  | Single \$400       |                    |                          |                    |                            |                 |                    |         |
|  | Family             | \$800              |                          |                    |                            |                 |                    |         |
|  |                    |                    |                          |                    |                            |                 |                    |         |
| Silver Bronze  |                    |                    |                          |                    |                            |                 |                    |         |
| Coverage   | In Net Out of Net  |                    | Bronze In Net Out of Net |                    | 011                        |                 |                    |         |
| Individual Deductible  | \$2,000            | \$2,500            | \$500                    |                    | Silver                     |                 |                    |         |
| Family Deductible  | \$4,000            | \$2,500<br>\$5,000 | \$1,000                  | \$1,000<br>\$2,000 | EE Only                    | <del>ተ</del> ባፈ | 80.00              | D. 170  |
| Co-insurance %   | 80%                | 60%                | 80%                      | 60%                | EE + Child                 | \$21<br>\$100   |                    | Ded 72  |
| Out of Pocket (incl. Deductible)   | 0070               | 00 /4              | 00 /8                    | 00 /0              | EE + Spouse                | \$111           | \$46.15<br>\$51.23 |         |
| Single OOP   | \$3,000            | \$4,050            | \$1,500                  | \$2,550            | EE + Family                | \$180           | \$83.08            |         |
| Family OOP   | \$6,000            | \$8,100            | \$3,000                  | \$5,100            | 22 · raining               | Ψ100            | Ψ05.00             | DGG 13  |
| Dr. Copay  | \$25               | *see below         |                          | *see below         |                            |                 |                    |         |
| HRA (Single)   | \$75               | 50                 | \$0                      |                    |                            |                 |                    |         |
| HRA (Family)   | \$1,5              | 00                 | \$0                      |                    | Bronze                     |                 |                    |         |
| Threshold Deductible net OOP   |                    |                    |                          | F                  |                            |                 |                    |         |
| Individual Threshold   | \$1,250            | \$1,750            | \$500                    | \$1,000            | EE Only                    | \$28            | \$12.92            | Ded 62  |
| Family Threshold   | \$2,500            | \$3,500            | \$1,000                  | \$2,000            | EE + Child                 | \$133           | \$61.38            | Ded 63  |
| Individual Net OOP   | \$2,250            | \$2,750            | \$1,500                  | \$2,000            | EE + Spouse                | \$148           | \$68.31            | Ded 63  |
| Family Net OOP   | \$4,500            | \$5,500            | \$3,000                  | \$4,000            | EE + Family                | \$240           | \$110.77           | Ded 63  |
|  |                    |                    |                          |                    |                            |                 |                    |         |
| l.   |                    | 1                  |                          |                    |                            |                 |                    |         |
| *subject to the deductible then no   |                    |                    |                          |                    |                            |                 |                    |         |
| *subject to the deductible then paid at co-insurance rate HRA & HSA seed money contributed by the City |                    |                    |                          |                    | Dental                     |                 |                    |         |
| The tartes to be a money continua  | iod by the Oil,    | '                  |                          |                    | Delital                    |                 |                    |         |
|  |                    |                    |                          |                    | EE Only                    | \$0             | \$0.00             | Ded 64  |
|  |                    |                    |                          |                    | EE + Child                 | \$15            |                    | Ded 65  |
|  |                    |                    |                          |                    | EE + Spouse                | \$15            |                    | Ded 65  |
|  |                    |                    |                          |                    | EE + Family                | \$20            |                    | Ded 65  |
|  |                    |                    |                          |                    | •                          | •               | *                  |         |
|  |                    |                    |                          |                    |                            |                 |                    |         |
|  |                    |                    |                          |                    | Vision                     |                 |                    |         |
|  |                    |                    |                          |                    |                            | ••              |                    |         |
|  |                    |                    |                          |                    | EE Only                    | \$0<br>845      |                    | Ded 60  |
|  |                    |                    |                          |                    | EE + Child                 | \$15            |                    | Ded 61  |
|  |                    |                    |                          |                    | EE + Spouse<br>EE + Family | \$15<br>\$20    |                    | Ded 61  |
|  |                    |                    |                          |                    | LL T FAITHY                | \$20            | Φ9.∠3              | Ded 61  |
|  |                    |                    |                          |                    | Flex Med                   |                 | 1                  | Ded 21  |
|  |                    |                    |                          |                    | Flex Care                  |                 |                    | Ded 19  |
|  |                    |                    |                          |                    | Opt Out                    |                 |                    | Ded 30  |
|  |                    |                    |                          |                    | HSA Flex                   |                 | İ                  | Ded 25  |